

WILLIAM O. WHITEHURST, JR.*
THOMAS R. HARKNESS*
SCOTT OZMUN**
EUGENE W. (CHIP) BREES, II*
SALLY STARNES METCALFE
MICHELLE M. CHENG
SYLVIA H. IMHOFF
JEFF EDWARDS

JULY 18, 2008

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BOARD CERTIFIED-PERSONAL INJURY TRIAL LAW*
BOARD CERTIFIED - CIVIL APPELLATE LAW*
TEXAS BOARD OF LEGAL SPECIALIZATION

Via Hand Delivery

Dana DeBeauvoir County Clerk 5501 Airport Blvd. Austin, TX 78751-1410

RE: Judicial Candidate Campaign Finance Report

Dear Ms. DeBeauvoir:

Enclosed please find my corrected July Semi-Annual Campaign Finance Report.

Sincere

SAO/ks Enclosure

间 加上 18 PH 2: 33

CORRECTION AFFIDAVIT FORM COR-C/OH **FOR**

	CANDIDA	ATE/OI	FFICEHO	LDER	69	946
ACCOUNT # 000	61232	2	PAGE#	1	of 18	
CANDIDATE/ OFFICEHOLDER NAME	Mr. Scot	AST		MI	Date Received	
ORIGINAL REPORT TYPE	January 15 X July 15 30th day before election	Runoff Exceeded \$ 15th day aftrappointment		pecify)	Date Hand-delivered or Date	Postmarked
ORIGINAL PERIOD COVERED	8th day before election Month Day Year 02/24/2008	Final Report	Month Day 06/30/20	Year	Legal Date Processed Date Imaged	
EXPLANATION OF CORR I inadvertently listed a \$15 account (a small corporation	O contribution which I returned on) rather than his personal acc	when I realized count. This cor	that a friend had sen rected report deletes	t me a contribution	ution (via PayPal) fro	om his business
AFFIX NOTARY STAMP / SE		r C X 1 fi	swear, or affirm, useport is true and concheck ONLY if app swear, or affirm, that 4th business day affeled is inaccurate or immission in the report	Direct. licable: I am filing this er the date I lead to the complete. Lead or given by the signature of Car	a corrected report no arned that the report wear, or affirm, that led was made in go	ot later than the t as originally any error or od faith.
Sworn to and subscribed to certify which, witness must be signature of officer administering oath	by hand and seal of office.	h Sta S	COH ering cath	VOT.	ay of	bli C

JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	ON GUIDE explains how to complete this form. 1 ACCOUNT # (Ethics Commission filers) 00061232	2 PAGE # 2 of 18		
3 CANDIDATE / OFFICEHOLDE NAME	MS / MRS / MR FIRST MI Mr. Scott NICKNAME LAST SUFFIX Ozmun	OFFICE USE ONLY Date Received		
4 CANDIDATE / OFFICEHOLDE MAILING ADDRESS Change of Add	P.O. Box 1802 Austin, TX 78767-1802	Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MS. Beverly NICKNAME LAST SUFFIX Reeves	Receipt # Amount Date Processed Date Imaged		
6 CAMPAIGN TREASURER ADDRESS (Residence or busin	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 221 W. 6th Street Ste. 1000 Austin, TX 78701	ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 334-4500			
8 REPORT TYPE	January 15 30th day before election Runoff X July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day THROUGH 02/24/2008 06/30/200	Year 08		
10 ELECTION	Month Day Year 11/04/2008 ELECTION TYPE Primary Runoff X	General Special		
11 OFFICE	OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) District Judge District	ot 353		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the calcandidates are required to disclose this information only if they receive notification of the dires. Name Address/PO Box; Apt. / Suite #; City; State; Zip Code			
additional pages				
GO TO PAGE 2				

Signature of officer administering oath

Title of officer administering oath

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Ozmi	un, Scott (Mr.)			15 ACCOUNT # 00061232	(Ethics Commission filers)
16 NOTICE FROM	candidate / officehold	der. These expenditures may	accepted or political expenditures made have been made without the candidate of this information only if they receive no	s or officeholder's know	wledge or consent.
POLITICAL COMMITTEE(S)	СОММПТЕЕ ТҮРЕ	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME		
additional pages		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
17 CONTRIBUTION TOTALS			IS OF \$50 OR LESS (OTHER THAN LES OF LOANS), UNLESS ITEMIZED	\$	100.00
		POLITICAL CONTRIBUTION R THAN PLEDGES, LOANS,	NS OR GUARANTEES OF LOANS)	\$	10,600.00
EXPENDITURE TOTALS					243.21
	4. TOTAL	POLITICAL EXPENDITURE	s	\$	13,599.15
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTION AY OF THE REPORTING PE	IS MAINTAINED AS OF THE	\$	4,386.48
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF AL AY OF THE REPORTING PE	L OUTSTANDING LOANS AS OF THE RIOD	\$	0.00
18 AFFIDAVIT					
I ₹ SVEN KR	ISTA SCOTT		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	all information requ	
AL	ARY PUBLIC STATE OF TEXAS Ommission expires: JGUST 22, 2010		Scott Ozmun		
			Signature of C	Candidate or Officeh	older
	STAMP / SEAL ABOV			•	184
Sworn to and subscrib	ped before me, by to 0 0 , to ce	he said rtify which, witness my	hand and seal of office.	, this the _	10 day
·		1/ ১-1		unto.	10 . / .

Print name of officer administering oath

The Instruction	ON GUIDE explains how to complete this form.			1 PAGE # Schedule: 1/10 Report: 4/18	
2 FILER NAME	Ozmun, Scott (Mr.)			3 ACCOUNT # (Ethics Commission	n filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Becky Beaver Attorney at Law	#)	7 Amount of 8 In-kind co description (s)	ntribution f applicable)
03/04/2008	6 Contributor address; City; State; Zip Code Austin, TX 78701			\$250.00 	
	Addition of the second of the		,	(If travel outside of Texas, complete S	chedule T)
9 Contributor's p Attorney	principal occupation	10	Contributor's job Attorney	title	
11 Contributor's e Self	employer / law firm	12	Law firm of contr	butor's spouse (if any)	
13 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	#)	Amount of In-kind co contribution (\$) description (
02/24/2008	Contributor address; City; State; Zip Code			\$500.00	
	Houston, TX 77002-2770			(If travel outside of Texas, complete S	chedule T)
Contributor's p	principal occupation		Contributor's job Law Firm	title	
Contributor's e Law Firm	employer / law firm		Law firm of contr	ibutor's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	#)	Amount of In-kind co contribution (\$) description (ntribution f applicable)
02/27/2008	Contributor address; City; State; Zip Code			\$500.00	
	Austin, TX 78703			1	_
				(If travel outside of Texas, complete S	chedule T)
Contributor's p	rincipal occupation		Contributor's job Attorney	title	
	mployer / law firm mbridge Singer & Mahoney Ltd.			ibutor's spouse (if any) Beaman & Brown	/
If contributor is	a child, law firm of parent(s) (if any)				

The Instruction	ON GUIDE explains how to complete this form.			1 PAGE# Schedule: 2/10 Report: 5/18
2 FILER NAME	Ozmun, Scott (Mr.)			3 ACCOUNT # (Ethics Commission filers)
				00061232
4 Date	5 Full name of contributor ut-of-state PAC (ID: Byrne, Daniel (Mr.)	#)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
02/29/2008	6 Contributor address; City; State; Zip Code			\$250.00
	Austin, TX 78701			(If travel outside of Texas, complete Schedule T)
9 Contributor's p Attorney	orincipal occupation	10	Contributor's job Attorney	title
11 Contributor's e Fritz Byrne H	employer / law firm Head & Harrison PLLC	12	Law firm of contr	ibutor's spouse (if any)
13 If contributor is	s a child, law firm of parent(s) (if any)	I		
Date	Full name of contributor uut-of-state PAC (ID: Chandler, George (Mr.)	#)	Amount of In-kind contribution contribution (\$) description (if applicable)
06/29/2008	Contributor address; City; State; Zip Code			\$500.00
	Lufkin, TX 75902			(If travel outside of Texas, complete Schedule T)
Contributor's p Attorney	principal occupation		Contributor's job Attorney	title
Contributor's e Chandler La	employer / law firm w Offices		Law firm of contr	ibutor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	#)	Amount of In-kind contribution contribution (\$) description (if applicable)
02/26/2008	Contributor address; City; State; Zip Code			\$500.00
	Austin, TX 78768-2283			1
				(If travel outside of Texas, complete Schedule T)
Contributor's p Attorney	principal occupation		Contributor's job Law Firm	title
Contributor's e Law Firm	employer / law firm		Law firm of contr	ibutor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	t		

The Instruction	The Instruction Guide explains how to complete this form.			1 PAGE# Schedule: 3/10 Report: 6/18		
2 FILER NAME	Ozmun, Scott (Mr.)			Ethics Commission filers)		
4 Date	5 Full name of contributor uut-of-state PAC (ID#) Denise Hyde Attorney at Law		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
06/16/2008	6 Contributor address; City; State; Zip Code		\$100.00	 		
	Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)		
9 Contributor's p	principal occupation	10 Contributor's job	title			
11 Contributor's e	employer / law firm	12 Law firm of contr	ributor's spouse (if an	ıy)		
13 If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor 🛛 out-of-state PAC (ID#	¢ C00151340)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
02/29/2008	Contributor address; City; State; Zip Code		\$500.00			
	Washington, DC 20004		(If travel outside of	Texas, complete Schedule T)		
Contributor's p	principal occupation	Contributor's job	title			
Contributor's e	employer / law firm	Law firm of conti	ributor's spouse (if an	ıy)		
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
02/29/2008	Contributor address; City; State; Zip Code		\$100.00	 		
	Austin, TX 78701		(If travel outside of	Toyon complete Schodule TV		
			<u> </u>	Texas, complete Schedule T)		
Contributor's p Attorney	rincipal occupation	Contributor's job Attorney	title			
	employer / law firm chridge & Kilgore LLP	Law firm of conti	ributor's spouse (if an	ıy)		
If contributor is	s a child, law firm of parent(s) (if any)	L				

The I NSTRUCTION	ON GUIDE explains how to complete this form.			1 PAGE#	0 Papart: 7/19
2 EUER NAME	2 FILER NAME Ozmun, Scott (Mr.)				0 Report: 7/18 Ethics Commission filers)
2 FILLIANIE	Ozman, Goot (Wr.)			Î	Ethics Commission mers)
	·			00061232	
4 Date	5 Full name of contributor out-of-state PAC (ID# Farrell, Joyce (Mrs.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/27/2008	6 Contributor address; City; State; Zip Code			\$100.00	
	Enyon, PA 18403				I
				(If travel outside of	Texas, complete Schedule T)
9 Contributor's particles	orincipal occupation	10	Contributor's job Retired	title	
11 Contributor's of None	employer / law firm	12	Law firm of contr	ributor's spouse (if ar	ny)
13 If contributor i	s a child, law firm of parent(s) (if any)				**************************************
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/15/2008	Contributor address; City; State; Zip Code			\$250.00	<u> </u>
	Austin, TX 78701			(If travel outside of	Texas, complete Schedule T)
			O a state at a de fate	L	Texas, complete constants 1)
Contributors	orincipal occupation		Contributor's job	titie	
Contributor's e	employer / law firm		Law firm of contr	ributor's spouse (if ar	ny)
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor ☐ out-of-state PAC (ID# George B. Slade Attorney at Law	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/10/2008	Contributor address; City; State; Zip Code			\$100.00	[
	Austin, TX 78746		İ		· · · · · · · · · · · · · · · · · · ·
				<u> </u>	Texas, complete Schedule T)
Contributor's p	principal occupation		Contributor's job	title	
Contributor's e	employer / law firm		Law firm of contr	ributor's spouse (if a	ny)
If contributor is	s a child, law firm of parent(s) (if any)				

The Instruction	אס Guide explains how to complete this form.		1 PAGE#
			Schedule: 5/10 Report: 8/18
2 FILER NAME	Ozmun, Scott (Mr.)		3 ACCOUNT # (Ethics Commission filers)
			00061232
4 Date	5 Full name of contributor out-of-state PAC (ID:	#)	7 Amount of 8 In-kind contribution
	Herman Howry & Breen LLP		contribution (\$) description (if applicable)
)		4
02/25/2008	6 Contributor address; City; State; Zip Code		\$1,000.00
	Austin, TX 78705		1
	Austin, 17 76705		
			(If travel outside of Texas, complete Schedule T)
9 Contributor's p	principal occupation	10 Contributor's jo	ob title
Attorney		Law Firm	
11 Contributor's e	amployer / law firm	12 Law firm of con	ntributor's spouse (if any)
Law Firm	employer / law firm	12 Law IIIII OI COI	infoutor's spouse (ii arry)
Law			
13 If contributor is	s a child, law firm of parent(s) (if any)		

Date	Full name of contributor)	Amount of In-kind contribution
	Kincaid & Horton LLP		contribution (\$) description (if applicable)
			1
02/25/2008	Contributor address; City; State; Zip Code		\$1,000.00
	Austin TV 70704		ì
7	Austin, TX 78701		
			(If travel outside of Texas, complete Schedule T)
Contributor's p	orincipal occupation	Contributor's jo	ob title
Contributorio	omployer / law firm	Law firm of oor	ntributor's spouse (if any)
, Commodors e	mployer / law firm	Law Milli Of Col	minutor's spouse (ii arry)
If contributor is	s a child, law firm of parent(s) (if any)		
			•
Date	Full name of contributor 🔲 out-of-state PAC (ID#	<u> </u>	Amount of In-kind contribution
	Law Office of Amie Rodnick		contribution (\$) description (if applicable)
00/05/0000			D100.00
02/25/2008	Contributor address; City; State; Zip Code		\$100.00
,	Austin, TX 78701		1
1	Adstill, 1X 70701		_
		· · · · · · · · · · · · · · · · · · ·	(If travel outside of Texas, complete Schedule T)
•	rincipal occupation	Contributor's jo	ob title
Attorney		Attorney	
Contributorla	mployer / law firm	l aw firm of cor	ntributor's spouse (if any)
Self	anpioyer / law mm	Law IIIII OI COI	mibutor a apouse (ii dily)
÷ • · · ·	·		
If contributor is	a child, law firm of parent(s) (if any)		

The Instruction	ON GUIDE explains how to complete this form.			1 PAGE # Schedule: 6/10 Report: 9/18	
2 FILER NAME	Ozmun, Scott (Mr.)	-		3 ACCOUNT # (Ethics Commission filers) 00061232	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Law Office of John F. Campbell PC	#)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)	
02/27/2008	6 Contributor address; City; State; Zip Code			\$100.00	
	Austin, TX 78701			(If travel outside of Texas, complete Schedule T)	
9 Contributor's p	principal occupation	10	Contributor's job	title	
11 Contributor's e	employer / law firm	12	Law firm of contr	ibutor's spouse (if any)	
13 If contributor is	s a child, law firm of parent(s) (if any)	· · · · · ·			
Date	Full name of contributor	#)	Amount of In-kind contribution contribution (\$) description (if applicable)	
02/27/2008	Contributor address; City; State; Zip Code		. <i></i>	\$100.00	
	Burbank, CA 91501			(If travel outside of Texas, complete Schedule T)	
Contributor's p Attorney	principal occupation	1	Contributor's job Attorney	title	
Contributor's e O'Melveny &	employer / law firm Myers LLP		Law firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)	1			
Date	Full name of contributor ut-of-state PAC (IDa Mitchell, Deborah (Mrs.)	#)	Amount of In-kind contribution contribution (\$) description (if applicable)	
02/28/2008	Contributor address; City; State; Zip Code			\$250.00	
	Austin, TX 78746			(If travel outside of Texas, complete Schedule T)	
Contributor's p Housewife	principal occupation		Contributor's job N/A	title	
Contributor's employer / law firm None		Law firm of contributor's spouse (if any) Clark Thornas & Winters			
If contributor is	s a child, law firm of parent(s) (if any)				

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#
2 FUED NAME	Ormun Coeff (Max)		Schedule: 7/10 Report: 10/18
2 FILER NAME	Ozmun, Scott (Mr.)		3 ACCOUNT # (Ethics Commission filers)
			00061232
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Munsch Hardt Kopf & Harr PC	#)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
]		l i
03/03/2008	6 Contributor address; City; State; Zip Code		\$500.00
	Dallas, TX 75201		1
			(If travel outside of Texas, complete Schedule T)
9 Contributor's r	L principal occupation	10 Contributor's job	<u> </u>
9 Continuators p	omicipal occupation	10 Contributors for) title
11 Contributor's	employer / law firm	12 Law firm of cont	ributor's spouse (if any)
40 16 -125 1 1		<u> </u>	
13 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	"	Amount of In-kind contribution
Date	Nesbitt, Thomas (Mr.)	<i></i>)	contribution (\$) description (if applicable)
	Trouble, Tromas (Wit.)		
02/26/2008	Contributor address City State 7ip Code		\$500.00
i	Contributor address; City; State; Zip Code		
	Austin, TX 78703		ļ
			(If travel outside of Texas, complete Schedule T)
Contributor's r	I principal occupation	Contributor's job	<u> </u>
Attorney	, morpai occupation	Attorney	
		·	
	employer / law firm	Law firm of cont	ributor's spouse (if any)
DeShazo & N	Nesbitt LLP		
if contributor is	s a child, law firm of parent(s) (if any)		
			·
Date	Full name of contributor	*	Amount of In-kind contribution
Date	Ozmun, Robert (Mr.)	·	contribution (\$) description (if applicable)
	Ozman, Hobort (Will)		
03/27/2008	Contributor address; City; State; Zip Code		\$100.00
	•		
	Slippery Rock, PA 16057		'
			(If travel outside of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title
Retired		None	
	mployer / law firm	Law firm of conti	ributor's spouse (if any)
Retired			
16 a salatifa da d	a shill low fire of parents (if)	<u> </u>	
ii contributor is	s a child, law firm of parent(s) (if any)		

-			_			
	The Instruction Guide explains how to complete this form.			1 PAGE#	D Report: 11/18	
2	FILER NAME	Ozmun, Scott (Mr.)		·		Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID#) Spezia, Roy (Mr.)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	02/25/2008	6 Contributor address; City; State; Zip Code			\$100.00	
		Austin, TX 78703			I (If travel outside of T	「exas, complete Schedule T)
9	Contributor's p Attorney	rincipal occupation	10	Contributor's job Attorney	l	
11		mployer / law firm s & Winters PC	12	Law firm of contr	ributor's spouse (if an	у)
13	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
i	06/17/2008	Contributor address; City; State; Zip Code			\$500.00	
		Dallas, TX 75205			(If travel outside of T	Texas, complete Schedule T)
	Contributor's p	rincipal occupation		Contributor's job Law Firm	title	
	Contributor's e Law Firm	mployer / law firm	Law firm of contributor's spouse (if any)			
	If contributor is	a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/25/2008	Contributor address; City; State; Zip Code		,	\$500.00	
		Austin, TX 78701				
				O dibata i b	<u> </u>	Texas, complete Schedule T)
	Contributor's p	rincipal occupation		Contributor's job	title	
	Contributor's employer / law firm			Law firm of contr	ributor's spouse (if any	у)
	If contributor is	a child, law firm of parent(s) (if any)		· · · · · · · · · · · · · · · · · · ·		

The Instruction Guide explains how to complete this form.	1 PAGE#
2 FILER NAME Ozmun, Scott (Mr.)	Schedule: 9/10 Report: 12/18
2 FILER NAME Ozmun, Scott (Mr.)	3 ACCOUNT # (Ethics Commission filers)
	00061232
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID Terry Irion Law Office	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
04/10/2008 6 Contributor address; City; State; Zip Code	1 9100 00
Austin, TX 78746	1
	(If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job title
11 Contributor's employer / law firm	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor ☐ out-of-state PAC (ID	O#) Amount of In-kind contribution
The Ann Baltzer Living Trust	contribution (\$) description (if applicable)
02/26/2008 Contributor address; City; State; Zip Code	\$100.00
Fredericksburg, TX 78624	1
	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job title
Contributor's employer / law firm	Law firm of contributor's spouse (if any)
	\(\text{\constant}\)
If contributor is a child, law firm of parent(s) (if any)	
in contributor is a clinic, law little of parent(s) (in arry)	
Date Full name of contributor ☐ out-of-state PAC (ID	O#) Amount of In-kind contribution contribution (\$) description (if applicable)
Webb Stokes and Sparks LLP	description (if applicable)
06/11/2008 Contributor address; City; State; Zip Code	\$500.00
San Angelo, TX 76903	
	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job title
Contributor's employer / law firm	Law firm of contributor's spouse (if any)
Contributor o oniproyor river mini	The state of contributor of operation (in unity)
If contributor is a child, law firm of parent(s) (if any)	1

				A	
The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 10/10 Report: 13/18			
2 FILER NAME	2 FILER NAME Ozmun, Scott (Mr.)		· · · · · · · · · · · · · · · · · · ·	Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID: Whitlow, Stuart (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/29/2008	6 Contributor address; City; State; Zip Code			\$100.00	
	Round Rock, TX 78664			(If travel outside of	Texas, complete Schedule T)
9 Contributor's p Attorney	principal occupation	10	Contributor's job Attorney	title	
11 Contributor's e Grimes & Wi		12	Law firm of contr	ributor's spouse (if a	ny)
13 If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/29/2008	Contributor address; City; State; Zip Code			\$300.00	
	Austin, TX 78703			(If travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	orincipal occupation		Contributor's job Attorney	title	
Contributor's employer / law firm Scott Douglass & McConnico			Law firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/13/2008	Contributor address; City; State; Zip Code			\$1,000.00	!
	Houston, TX 77017			(If travel outside of	Texas, complete Schedule T)
Contributor's p	rincipal occupation		Contributor's job	title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)			
If contributor is	If contributor is a child, law firm of parent(s) (if any)				

The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 1/4 Report: 14/18		
2 FILER NAME	Ozmun, Scott (Mr.)		3 ACCOUNT # 00061232	(Ethics Commission filers)
4 Date	5 Payee name Atkins, Jesse (Mr.)	-		7 Amount (\$)
06/10/2008	6 Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723			\$57.00
8 Purpose of pay required.) Paid walker	yment (See instructions regarding type of information	9 · · Complete if direc Candidate / Officehol	t expenditure to bene der name:	fit Candidate/Officeholder
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Austin Strategies	· · · · · · · · · · · · · · · · · · ·		Amount (\$)
03/03/2008	Payee address; City; State; Zip Code 1627 Barton Springs Rd. Austin, TX 78704			\$1,000.00
Purpose of payment (See instructions regarding type of information required.) Mail piece design and layout work		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:		
(If travel outside of Texas, complete Schedule T)		Office sought: Office held:		
Date	Payee name Central Texas Democratic Forum			Amount (\$)
04/15/2008	Payee address; City; State; Zip Code			\$120.00
	Austin, TX 78703			
Purpose of pay required.) Dues	ment (See instructions regarding type of information	" Complete if direc Candidate / Officehol Office sought:	t expenditure to bene der name:	fit Candidate/Officeholder **
(11	f travel outside of Texas, complete Schedule T)	Office held:		
Date	Payee name Ignite Consulting			Amount (\$)
03/04/2008	Payee address; City; State; Zip Code 4032 So. Lamar Suite 500 Austin, TX 78704			\$724.94
Purpose of pay required.) Robo-calls	ment (See instructions regarding type of information	** Complete if direc Candidate / Officehol		fit Candidate/Officeholder '
(If travel outside of Texas, complete Schedule T)		Office sought: Office held:		

The Instruct	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/4	Report: 15/18
2 FILER NAME	Ozmun, Scott (Mr.)		3 ACCOUNT # 00061232	(Ethics Commission filers)
4 Date	5 Payee name Kreuz Market			7 Amount (\$)
03/07/2008	6 Payee address; City; State; Zip Code 619 N. Colorado St. Lockhart, TX 78644			\$43.80
8 Purpose of payment (See instructions regarding type of information required.) 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought:				
(1	f travel outside of Texas, complete Schedule T)	Office held:		
Date	Payee name Oak Hill Gazette			Amount (\$)
02/26/2008	Payee address; City; State; Zip Code 7200 Hwy. 71 West Suite B Austin, TX 78735			\$390.00
Purpose of par required.) Advertising	yment (See instructions regarding type of information	** Complete if direct of Candidate / Officehold		fit Candidate/Officeholder **
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:	11111	
Date	Payee name			Amount
	Ozmun, Scott (Mr.)			(\$)
03/07/2008	Payee address; City; State; Zip Code 15 Pascal Lane Austin, TX 78746			\$492.44
Purpose of pay	/ment (See instructions regarding type of information	** Complete if direct	expenditure to bene	fit Candidate/Officeholder **
' '	for expenditures from personal funds		or mame,	
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Ranes, Jim (Mr.)			Amount (\$)
03/03/2008	Payee address; City; State; Zip Code 1501 Barton Springs Rd. #233 Austin, TX 78704			\$466.50
Purpose of pay required.) campaign literate	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehold		fit Candidate/Officeholder •••
, -	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		

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The Instruction Guide explains how to complete this form.			1 PAGE# Schedule: 3/4	Report: 16/18
2 FILER NAME	Ozmun, Scott (Mr.)		3 ACCOUNT # 00061232	(Ethics Commission filers)
4 Date	5 Payee name Rindy Miller Media			7 Amount (\$)
02/26/2008	6 Payee address; City; State; Zip Code 2401 E. 6th St. Suite 1003 Austin, TX 78702			\$5,660.00
8 Purpose of parrequired.) TV advertising	yment (See instructions regarding type of information	Candidate / Officehol		fit Candidate/Officeholder **
1)	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Texas Democratic Party	-		Amount (\$)
06/25/2008	Payee address; City; State; Zip Code 505 W. 12th St. Suite 200 Austin, TX 78701			\$200.00
Purpose of payment (See instructions regarding type of information required.) Complete if direct expenditure to benefit Candidate / Officeholder name:			fit Candidate/Officeholder **	
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name The Austin Chronicle	, , , , , , , , , , , , , , , , , , , ,		Amount (\$)
02/26/2008	Payee address; City; State; Zip Code PO Box 49066 Austin, TX 78765			\$621.00
Purpose of pay required.) Advertisements	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehol	t expenditure to bene der name:	fit Candidate/Officeholder **
(If travel outside of Texas, complete Schedule T)				
Date	Payee name Travis County Democratic Party			Amount (\$)
05/05/2008	Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768-4263			\$100.00
Purpose of pay required.) Sponsorship for	ment (See instructions regarding type of information Event	· · Complete if direct Candidate / Officehol	t expenditure to bene der name:	fit Candidate/Officeholder **
(If travel outside of Texas, complete Schedule T)		Office sought: Office held:		

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The Instruction Guide explains how to complete this form.		1 PAGE # Schedule: 4/4 Report: 17/18		
2 FILER NAME	Ozmun, Scott (Mr.)	f	3 ACCOUNT # 00061232	(Ethics Commission filers)
4 Date	5 Payee name Travis County Democratic Party			7 Amount (\$)
06/25/2008	6 Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768-4263			\$2,500.00
8 Purpose of payment (See instructions regarding type of information required.) 9 • Complete if direct expenditure to bene Candidate / Officeholder name:			fit Candidate/Officeholder **	
Coordinated Ca	mpaign Contribution			
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Whitehurst Harkness Ozmun & Brees PC		;	Amount (\$)
03/07/2008	Payee address; City; State; Zip Code PO Box 1802 Austin, TX 78767			\$283.24
Purpose of payment (See instructions regarding type of information required.)		Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name:		
reimbursement f	or postage office expenses			
(If travel outside of Texas, complete Schedule T)		Office sought: Office held:		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

<u> </u>		<u> </u>	
The Instruction	אס Guide explains how to complete this form.	1 PAGE# Schedule: 1/1	Report: 18/18
2 FILER NAME	Ozmun, Scott (Mr.)	3 ACCOUNT # 00061232	(Ethics Commission filers)
4 Date	5 Payee name 1-800 Flowers.com		8 Amount (\$)
03/06/2008	6 Payee address; City; State; Zip Code One Old Country Road Suite 500 Carle Place, NY 11514		\$68.18
	7 Purpose of expenditure (See instructions regarding type of inform flowers for volunteer	nation required.)	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)		
Date	Payee name Eat Out In		Amount (\$)
03/14/2008	Payee address; City; State; Zip Code 4131 Spicewood Springs Rd. #N-4 Austin, TX 78759		\$137.39
	Purpose of expenditure (See instructions regarding type of inform lunch for volunteers	nation required.)	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)		
Date	Payee name Kreuz Market		Amount (\$)
03/07/2008	Payee address; City; State; Zip Code 619 N. Colorado St. Lockhart, TX 78644		\$19.17
	Purpose of expenditure (See instructions regarding type of inform lunch for volunteers	ation required.)	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)		
Date	Payee name Maudie's Milagro		Amount (\$)
03/01/2008	Payee address; City; State; Zip Code 3601 N. Capital of TX Hwy. #3801 Austin, TX 78746		\$67.19
	Purpose of expenditure (See instructions regarding type of inform lunch for volunteers	ation required.)	Reimbursement from political contributions intended
•	(If travel outside of Texas, complete Schedule T)		interlueg
Date	Payee name Parkside		Amount (\$)
03/04/2008	Payee address; City; State; Zip Code 301 E. 6th St. Austin, TX 78701		\$405.09
	Purpose of expenditure (See instructions regarding type of inform Victory Party	nation required.)	Reimbursement from political contributions intended
1	,,, , , , , , , , , , , , , , , , , ,		I